CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH **COVER SHEET PG 1**

The C/OH Instruction this form.	on Guide explains how	v to complete	1 ACCOUN (Ethics Co	T# ommission	filers)	2 Total pages file	d:	
3 CANDIDATE/ OFFICEHOLDER	TITLE	FIRST			MI	OFFICE	USE ONLY	
NAME	<i>Mr</i> NICKNAME	John LAST Clamp			G. SUFFIX	Date Received	7003	V110
4 CANDIDATE/ OFFICEHOLDER ADDRESS Change of Address	ADDRESS / PO BOX; 8531 N. New Braun			STATE; onio, TX T	ZIP CODE 78217	Date Hand-delivered	or Date Post	OF SAN AN
5 CAMPAIGN TREASURER NAME	TITLE Mr. NICKNAME	FIRST Steve LAST Grau			MI B. SUFFIX	Receipt # Date Processed Date Imaged	Amount	COINO
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (15873 Redwoods M); АРТ	/ SUITE #		TY; STATE; San Antonio, TX 7	ZIP CODE 8247	
7 CAMPAIGN TREASURER PHONE		ONE NUMBER 4-1272		EXTEN	SION			
8 REPORT TYPE	January 15 July 15	30th day before election 8th day before election		ded \$500 tim	nit	15th day after can appointment (office Final report (attace)	eholder only)	1
9 PERIOD COVERED	1/1/03 THROUGH	3/24/03				,		
10 ELECTION	ELECTION DATE 5/3/03	ELECTION TYPE Primary	Runoff	✓ Ger	neral	Special		
11 OFFICE	OFFICE HELD (if any))			CE SOUGH uncilman L	, ,		
13 NOTICE OF DIRECT CAMPAIGN	** Direct campaign exper Candidates are required	nditures are campaign ex to disclose this informatio	penditures made on only if they re	by others v ceive notifica	vithout the car ation of the di	ndidate's prior consent rect campaign expendi	or approval. ture. **	
EXPENDITURE BY OTHER INDIVIDUALS	Name							
additional page	Address / PO Box;	Apt. /	Suite#;	City;	State;	Zip Code		
		GO	TO PAGE	2				

	TE / OFFICE 「TOTALS	HOLDER REPORT:	FORM C/OH COVER SHEET PG 2
14 FILER NAME			15 ACCOUNT # (Ethics Commission filers)
John G. Clamp			
16 NOTICE FROM POLITICAL	may have been made wit	of political expenditures by political committees to support the hout the candidate's or officeholder's knowledge or consent.	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	1931 1931
	✓ GENERAL	COMMITTEE ADDRESS	75 CF
	SPECIFIC	COMMITTEE CAMPAIGN TREACURED NAME	- t or
		COMMITTEE CAMPAIGN TREASURER NAME	A c
additional page		COMMITTEE CAMPAIGN TREASURER ADDRESS	15 :
17 NO REPORTABLE ACTIVITY	Check here if no repo	rtable activity occurred during this reporting period. (Sign affi	davit below and submit pages 1 and 2 only.)
18 CONTRIBUTION TOTALS		ICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER 1 ANS), UNLESS ITEMIZED	THAN \$
		ICAL CONTRIBUTIONS N PLEDGES, LOANS, OR GUARANTEES OF LOANS	\$ 16,014.72
EXPENDITURE TOTALS	3. TOTAL POLIT	ICAL EXPENDITURES OF \$50 OR LESS, UNLESS IT	FEMIZED \$
	4. TOTAL POLIT	ICAL EXPENDITURES	\$ 20,085-47
OUTSTANDING LOAN TOTALS		IPAL AMOUNT OF ALL OUTSTANDING LOANS AS THE REPORTING PERIOD	OF THE \$
19 AFFIDAVIT		I swear, or affirm, under penalty o is true and correct and includes a me under Title 15 section Code.	f perjury that the accompanying report Limormation required to be reported by
	WENDY L. ROBERTS Notary Public, State of T My Commission Expi July 26, 2006	res	andidate or Officeholder
AFFIX NOTARY	STAMP / SEAL ABOVE		V
Sworp to and sub	oscribed before me, , 20 <u>03</u>	be the said <u>JOHN CLAMP</u> , to cerify which, witness my hand and seal	of office.
Wendy?	& Roberts	WENDY L. ROBERTS	NATARU BUBLIC
Signature of office	e administering oath	Printed name of officer administering oath	Title of officer administering oath

P.O. Box 12070

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

(512) 463-5800

TI	he Instruction Guide explains how to complete th	is form.	1 Total pages th	is Schedule A1: 18
2 FILER NAME John G. Clamp			3 ACCOUNT#	(Ethics Commission filers)
4 Date 3/13/03	5 Full name of contributor out-of-state PAC David Starr 6 Contributor address; City; State; 2161 NW Military Hwy., Ste San Antonio,	Zip Code	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occup	pation (Optional)	10 Employer (Optional)	
Date 3/13/03	Full name of contributor out-of-state PAC Mr. Jonathan Starr Contributor address; City; State; 13431 Voelcher Ranch San Antonio,	Zip Code	Amount of contribution (\$) \$250.00	In-kind contribution description Explicable
Principal occup	pation (Optional)	Employer (Optional)	L CLERK
Date 3/18/03	Full name of contributor out-of-state PAC HPRI-Autobahn Partners, LP Contributor address; City; State; 2800 Industrial Terrace Austin, TX 78	Zip Code	Amount of contribution (\$) \$500.00	In-kind confribution description (if applicable)
Principal occup	pation (Optional)	Employer (Optional)	
Date 3/18/03	Full name of contributor out-of-state PAC HPRI-San Pedro Drive In Contributor address; City; State; 2800 Industrial Terrace Austin, TX 78	Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Optional)	
Date 3/20/03	Full name of contributor out-of-state PAC Tony and Rosemarie Buentello Contributor address; City; State; 7202 Grass Valley San Antonio,	Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Optional)	

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

TI	ne Instruction Guide explains how to complete th	is form.	1 Total pages th	is Schedule A1: 18
2 FILER NAME John G. Clamp			3 ACCOUNT#	(Ethics Commission filers)
4 Date 3/20/03	5 Full name of contributor out-of-state PAC Robert and Carolyn Robbins 6 Contributor address; City; State; 10211 Royal Meadows Dr. San Antonio,	Zip Code	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occup	ation (Optional)	10 Employer (Optional)		
Date 3/20/03	Full name of contributor out-of-state PAC James and Barbara Allen Contributor address; City; State; 1262 Phantom Valley San Antonio,	Zip Code	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occup	ation (Optional)	Employer (Optional))	
Date 3/20/03	Full name of contributor out-of-state PAC L. Lowry Mays Contributor address; City; State; 200 E. Basse Rd San Antonio,	Zip Code	Amount of contribution (\$) \$1,000.00	In-kind contribution Contribution Contribution (if applicable)
Principal occup	ration (Optional)	Employer (Optional)	ANTON ERK
Date 3/21/03	Full name of contributor out-of-state PAC Scelia B. Adams Contributor address; City; State; 4204 Hilton Head San Antonio,	Zip Code	Amount of contribution (\$) \$50.00	In-kind contribution Odescription (if applicable)
Principal occup	pation (Optional)	Employer (Optional)	
Date 3/21/03	Full name of contributor out-of-state PAC Ms. Melba Nixon Contributor address; City; State; 8911 Ridge Hollow San Antonio,	Zip Code	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Optional)	

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

(512) 463-5800

TI	he Instruction Guide explains how to complete th	is form.	1 Total pages th	is Schedule A1: 18
2 FILER NAME John G. Clamp			3 ACCOUNT#	(Ethics Commission filers)
4 Date 2/4/03	5 Full name of contributor out-of-state PAC Charles K. Crawford 6 Contributor address; City; State; 15731 Deer Crest San Antonio,	Zip Code	7 Amount of contribution (\$) \$32.00	8 In-kind contribution description (if applicable) Budget Book
9 Principal occup	pation (Optional)	10 Employer (Optional)		
Date 3/1/03	Full name of contributor out-of-state PAC Erik Darmstetter Contributor address; City; State; 1818 Fawn Bluff San Antonio,	Zip Code	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Optional)		* · · · · · · · · · · · · · · · · · · ·
Date 3/12/03	Full name of contributor out-of-state PAC Gregory & Sadonna Burkett Contributor address; City; State; 105 Oak Fields Dr. San Antonio,	Zip Code	Amount of contribution (\$) \$200.00	In-kind contribution description
Principal occup	pation (Optional)	Employer (Optional)		CLERK
Date 3/4/03	Full name of contributor ut-of-state PAC Mark L. Middleman Contributor address; City; State; 9914 Tamber Lane San Antonio,	Zip Code	Amount of contribution (\$) \$200.00	In-kind contribution 2 description (in applicable)
Principal occup	pation (Optional)	Employer (Optional)		
Date 3/3/03	Full name of contributor out-of-state PAG Pat & Patrice Hanlon Contributor address; City; State; 260 Country Lane San Antonio,	Zip Code	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Optional)		

1-800-325-8506 **Texas Ethics Commission** P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 **SCHEDULE A1** POLITICAL CONTRIBUTIONS (FOR FORMS C/OH, C/OH-SS, SC-C/OH, OTHER THAN PLEDGES OR LOANS SC-SPAC, SPAC, & SPAC-SS) 1 Total pages this Schedule A1: 18 The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME John G. Clamp 8 In-kind contribution 7 Amount of Date 5 Full name of contributor out-of-state PAC ID# contribution (\$) description (if applicable) 3/4/03 George Shaw, III \$200.00 6 Contributor address: City; State; Zip Code San Antonio, TX 78209 635 Corona 10 Employer (Optional) 9 Principal occupation (Optional) out-of-state PAC ID# In-kind contribution Amount of Date Full name of contributor contribution (\$) description (if applicable) 3/20/03 Mitch Meyer \$200.00 Contributor address; City; State; Zip Code 9033 Aero, Ste 202 San Antonio, TX 78217 Principal occupation (Optional) Employer (Optional) In-kind contribution Full name of contributor out-of-state PAC ID# Amount of Date contribution (\$) description (if applical 3/19/03 Mr. Philip M. Salemi \$300.00 Invitations/Post Contributor address; City; State; Zip Code 126 Wyndale San Antonio, TX 78209 Principal occupation (Optional) Employer (Optional) S Full name of contributor out-of-state PAC ID# Amount of In-kind contribution Date contribution (\$) description (if applicable) 2/21/03 Mr and Mrs Ken Thomas \$75.00 Invitations/Postage Contributor address; State; Zip Code City; 8302 Countryside San Antonio, TX 78209 Principal occupation (Optional) Employer (Optional) Full name of contributor out-of-state PAC ID# Amount of In-kind contribution Date contribution (\$) description (if applicable) 3/13/03 Mike Gallagher \$250.00 Invitatins / postage /

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Zip Code

Employer (Optional)

City;

State;

San Antonio, TX 78217

Contributor address;

4302 Hilton Head

Principal occupation (Optional)

food

P.O. Box 12070

SCHEDULE A1 (FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

		30-3FAC, 3FAC, & 3FAC-33)		
TI	ne Instruction Guide explains how to complete thi	is form.	1 Total pages th	is Schedule A1: 18
2 FILER NAME			3 ACCOUNT#	(Ethics Commission filers)
John G. Clamp				
4 Date 3/13/03	5 Full name of contributor out-of-state PAC Mr George J. Baumann 6 Contributor address; City; State; 24267 Hilton Head St. San Antonio,	Zip Code	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
9 Principal occup		10 Employer (Optional)		
Date 3/13/03	Full name of contributor out-of-state PAC David P. Crist Contributor address; City; State; 7200 Mopac N., Suite 440 Austin, TX 78	Zip Code	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occup	ation (Optional)	Employer (Optional)	1	
Date 3/13/03	Full name of contributor out-of-state PAC Mike Gallagher Contributor address; City; State; 4302 Hilton Head San Antonio,	Zip Code	Amount of contribution (\$) \$60.00	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Optional)		CLERK
Date 3/13/03	Full name of contributor out-of-state PAC Mr. Gordon Hartman Contributor address; City; State; 1175 Bitters Road San Antonio,	Zip Code	Amount of contribution (\$) \$500.00	In-kind contribution 2 description (if applicable)
Principal occup	pation (Optional)	Employer (Optional)	1	
Date 3/13/03	Full name of contributor out-of-state PAC Alan M. Rosenstein Contributor address; City; State; 15618 Thrush Gate Lane San Antonio,	Zip Code	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Optional)		

POLITICAL CONTRIBUTIONS

P.O. Box 12070

SCHEDULE A1 (FOR FORMS C/OH, C/OH-SS, SC-C/OH,

OTHER THAN PLEDGES OR LOANS		sc-s	SC-SPAC, SPAC, & SPAC-SS)	
1	The Instruction Guide explains how to complete th	is form.	1 Total pages th	nis Schedule A1: 18
2 FILER NAME			3 ACCOUNT#	(Ethics Commission filers)
John G. Clamp	י			
4 Date	5 Full name of contributor out-of-state PAC	DID#	7 Amount of	8 In-kind contribution
3/13/03	Mrs. Bille B. Shepard		contribution (\$)	description (if applicable)
	6 Contributor address; City; State;	Zip Code	\$50.00	
	4318 Putting Green San Antonio,	TX 78217		<u> </u>
Principal occu	pation (Optional)	10 Employer (Opt	tional)	
Date	Full name of contributor ut-of-state PAC	D ID#	Amount of	In-kind contribution
3/13/03	Gunda Kerford		contribution (\$)	description (if applicable)
	Contributor address; City; State;	Zip Code	\$50.00	
	4118 Smokey Bend Way San Antonio,	TX 78217		
Principal occu	pation (Optional)	Employer (Opt	tional)	
				2
Date	Full name of contributor out-of-state PAG	C ID#	Amount of	In-kind contribution
3/13/03	E. Hope Ruiz		contribution (\$)	description (if applicable)
	Contributor address; City; State;	Zip Code	\$50.00	- Y
	4731 Saddle Ridge San Antonio,	TX 78217		D S
Principal occu	upation (Optional)	Employer (Opt	tional)	- スコ
				.ဂ. ဟ
Date	Full name of contributor out-of-state PAC	 C ID#	Amount of	In-kind contribution
3/13/03	Mr. Charles Carew		contribution (\$)	description (if applicable)
	Contributor address; City; State;	Zip Code	\$150.00	
	4351 Hilton Head San Antonio,	TX 78217		
Principal occu	pation (Optional)	Employer (Opt	tional)	
Date	Full name of contributor out-of-state PAG	D ID#	Amount of	In-kind contribution
3/13/03	Mr. Max Frailey		contribution (\$)	description (if applicable)
	Contributor address; City; State;	Zip Code	\$150.00	
	810 Lari Dawn San Antonio,	TX 78258		
Principal occu	pation (Optional)	Employer (Opt	tional)	
Principal occu	,	T	tional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506 **SCHEDULE A1 POLITICAL CONTRIBUTIONS** (FOR FORMS C/OH, C/OH-SS, SC-C/OH, OTHER THAN PLEDGES OR LOANS SC-SPAC, SPAC, & SPAC-SS) 1 Total pages this Schedule A1: 18 The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME John G. Clamp 8 In-kind contribution Date 5 Full name of contributor out-of-state PAC ID# 7 Amount of description (if applicable) contribution (\$) 3/13/03 Mr and Mrs Sinclair Edwards \$25.00 6 Contributor address; City; State; Zip Code 4275 Hilton Head San Antonio, TX 78217 9 Principal occupation (Optional) 10 Employer (Optional) Date Full name of contributor out-of-state PAC ID# Amount of In-kind contribution description (if applicable) contribution (\$) 3/13/03 Celia S. Sandoval \$25.00 Contributor address: State; Zip Code City; 12703 Sandtrap St. San Antonio, TX 78217 Principal occupation (Optional) Employer (Optional) In-kind contribution Date Full name of contributor out-of-state PAC ID# Amount of description (if applicab contribution (\$) 3/13/03 LtCol (Ret) and Mrs Stephen D. Green \$50.00 Contributor address; City; State; Zip Code 12651 Sandtrap Lane San Antonio, TX 78217 Principal occupation (Optional) Employer (Optional) <u>ٻ</u> Date Full name of contributor out-of-state PAC ID# Amount of In-kind contribution contribution (\$) description (if applicable) 3/13/03 Milton R. McFarland \$50.00 Contributor address: City; State; Zip Code 4209 Hilton Head San Antonio, TX 78217 Principal occupation (Optional) Employer (Optional) Date Full name of contributor out-of-state PAC ID# Amount of In-kind contribution

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Employer (Optional)

City; State; Zip Code

San Antonio, TX 78217

3/13/03

Principal occupation (Optional)

LtCol (Ret) and Mrs Gerald Jewell

Contributor address;

4119 Smokey Bend

description (if applicable)

contribution (\$)

\$50.00

Principal occupation (Optional)

P.O. Box 12070 (512) 463-5800 **SCHEDULE A1 POLITICAL CONTRIBUTIONS** (FOR FORMS C/OH, C/OH-SS, SC-C/OH, OTHER THAN PLEDGES OR LOANS SC-SPAC, SPAC, & SPAC-SS) 1 Total pages this Schedule A1: 18 The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME John G. Clamp 8 In-kind contribution Date 5 Full name of contributor out-of-state PAC ID# 7 Amount of description (if applicable) contribution (\$) 3/13/03 Mr and Mrs Gregory Antonichuk \$20.00 6 Contributor address: City: State: Zip Code 4522 Briargrove San Antonio, TX 78217 9 Principal occupation (Optional) 10 Employer (Optional) Date Full name of contributor out-of-state PAC ID# Amount of In-kind contribution description (if applicable) contribution (\$) 3/13/03 Col (Ret) and Mrs James L. Long \$100.00 Contributor address: State; City; Zip Code 14223 Hunter Hill Dr. San Antonio, TX 78217 Principal occupation (Optional) **Employer (Optional)** Date Full name of contributor out-of-state PAC ID# Amount of In-kind contribution description (if applicable) contribution (\$) 3/13/03 Patricia Long \$25.00 Contributor address: City; State; Zip Code 4314 Hilton Head San Antonio, TX 78217 Principal occupation (Optional) Employer (Optional) In-kind contribution Date Full name of contributor out-of-state PAC ID# Amount of contribution (\$) description (if applicable) 3/13/03 **Bobby Jolly** \$25.00 Contributor address; State; Zip Code 4318 Hilton Head San Antonio, TX 78217 Principal occupation (Optional) Employer (Optional) Date Full name of contributor out-of-state PAC ID# Amount of In-kind contribution contribution (\$) description (if applicable) 3/13/03 R. L. Clayton, Jr. \$25.00 State; Zip Code Contributor address: City; 12655 Sandtrap Lane San Antonio, TX 78217

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Employer (Optional)

SCHEDULE A1 (FOR FORMS C/OH, C/OH-SS, SC-C/OH,

Т	he Instruction Guide explains how to complete thi	is form.	1 Total pages th	nis Schedule A1: 18
2 FILER NAME John G. Clamp			3 ACCOUNT#	(Ethics Commission filers)
4 Date 3/7/03	5 Full name of contributor out-of-state PAC Ralph C. Ware 6 Contributor address; City; State;	Zip Code	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
9 Principal occu	4303 Hilton Head San Antonio, pation (Optional)	TX 78217 10 Employer (Option	onal)	
Date 3/7/03	102 E. Lake View Terrace San Antonio,	Zip Code TX 77356	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
- Filicipal occu	pation (Optional)	Employer (Option	маі)	
Date 3/7/03	Full name of contributor out-of-state PAC Edna A. Cleland Contributor address; City; State; 12658 Thistle Down San Antonio,	Zip Code	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Option	onal)	D PR
Date 3/13/03	Full name of contributor out-of-state PAC Mr and Mrs Harry Kaess Contributor address; City; State; 4330 Hilton Head San Antonio,	Zip Code	Amount of contribution (\$) \$12.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Option	onal)	
Date 3/13/03	Full name of contributor out-of-state PAC Shirley J. Fetter Contributor address; City; State; 4335 Hilton Head San Antonio,	Zip Code	Amount of contribution (\$) \$15.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Option	onal)	

POLITICAL CONTRIBUTIONS

P.O. Box 12070

SCHEDULE A1 (FOR FORMS C/OH, C/OH-SS, SC-C/OH,

OTHER THAN PLEDGES OR LOANS		SC-S	SC-SPAC, SPAC, & SPAC-SS	
ī	he Instruction Guide explains how to complete th	is form.	1 Total pages th	nis Schedule A1: 18
2 FILER NAME John G. Clamp			3 ACCOUNT#	(Ethics Commission filers)
4 Date 2/28/03	5 Full name of contributor out-of-state PAC Jeffrey Runyan 6 Contributor address; City; State; 6034 Little Brandywine San Antonio,	Zip Code	7 Amount of contribution (\$) \$40.00	8 In-kind contribution description (if applicable)
Principal occu	pation (Optional)	10 Employer (Opti	ional)	
Date 3/3/03	Full name of contributor out-of-state PAC	ID#	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; 11734 Nacogdoches Rd. San Antonio,	Zip Code <i>TX 78217</i>	\$100.00	THA COLL
Principal occu	pation (Optional)	Employer (Opti	ional)	TY CLE
Date 3/6/03	Full name of contributor ut-of-state PAC Ed Kelley Contributor address; City; State; 44 Champions Lane San Antonio,	Zip Code	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Opti	ional)	
Date 3/7/03	Full name of contributor out-of-state PAC Eduardo J. Descamps Contributor address; City; State; 8 Campden Ct. San Antonio,	Zip Code	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Opti	ional)	
Date 3/7/03	Full name of contributor out-of-state PAC David and Tamey Bomersbach Contributor address; City; State; 17122 Turkey Point San Antonio,	Zip Code	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Opti	ional)	

P.O. Box 12070

SCHEDULE A1 (FOR FORMS C/OH, C/OH-SS, SC-C/OH,

OTHER THAN PELDGES OR LOANS		SC-SPAC, SPAC, & SPAC-SS)		
Ti	ne Instruction Guide explains how to complete th	nis form.	1 Total pages th	nis Schedule A1: 18
2 FILER NAME			3 ACCOUNT#	(Ethics Commission filers)
John G. Clamp				
4 Date 2/24/03	5 Full name of contributor out-of-state PAG Walter M. Embrey	C ID#	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
22400	6 Contributor address; City; State;	Zip Code	\$500.00	
	100 N.E. Loop 410, Ste 900 San Antonio,	TX 78209		<u> </u>
9 Principal occup	ation (Optional)	10 Employer (Option	al)	
Date	Full name of contributor ut-of-state PAC	C ID#	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/25/03	Bobbye Behlau Contributor address; City; State;	Zip Code	\$100.00	
	4103 Deer Top San Antonio,	TX 78217		
Principal occup	ation (Optional)	Employer (Option	al)	2003
Date 2/26/03	Full name of contributor ut-of-state PAG	C ID#	Amount of contribution (\$)	In-kind contribution description (if applicable)
		Zip Code	\$75.00	U CLER
	P.O. Box 461365 San Antonio,	TX 78246		.
Principal occup	ation (Optional)	Employer (Option	al)	ę, 52
Date 2/27/03	Full name of contributor out-of-state PAC	C ID#	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State;	Zip Code	\$100.00	
	221 Meadowbrook San Antonio,	TX 78232		
Principal occup	ation (Optional)	Employer (Option	al)	
Date	Full name of contributor out-of-state PAC	C ID#	Amount of	In-kind contribution
2/28/03	William Squires		contribution (\$)	description (if applicable)
		Zip Code	\$20.00	
	4415 Hilton Head San Antonio,	TX 78217		<u> </u>
Principal occupa	ation (Optional)	Employer (Option	al)	

SCHEDULE A1 (FOR FORMS C/OH, C/OH-SS, SC-C/OH,

			50~	PAC, SPAC, & SPAC-55)
TI	he Instruction Guide explains how to	complete this form.	1 Total pages th	is Schedule A1: 18
FILER NAME			3 ACCOUNT#	(Ethics Commission filers)
Date 2/21/03	Lewis F. Westerman 6 Contributor address; Cit	t-of-state PAC ID# y; State; Zip Code an Antonio, TX 78209	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
Principal occup	ation (Optional)	10 Employer	(Optional)	
Date 2/24/03	Terrell McCombs Contributor address; Cit	t-of-state PAC ID# y; State; Zip Code an Antonio, TX 78230	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occup	ation (Optional)	Employer	(Optional)	
Date 2/24/03	Full name of contributor ou	t-of-state PAC ID#	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; Cit 4223 Hilton Head Si	y; State; Zip Code an Antonio, TX 78217	\$25.00	7003 A
Principal occup	ation (Optional)	Employer	(Optional)	APR -4
Date 2/24/03	Full name of contributor ou	t-of-state PAC ID#	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; Cit 4247 Hilton Head Sa	y; State; Zip Code an Antonio, TX 78217	\$250.00	52
Principal occup	ation (Optional)	Employer	(Optional)	
Date 2/24/03	Mr. Romie Dufner Contributor address; Cit	t-of-state PAC ID# y; State; Zip Code an Antonio, TX 78217	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occup	ation (Optional)	Employer	(Optional)	1

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A1 POLITICAL CONTRIBUTIONS (FOR FORMS C/OH, C/OH-SS, SC-C/OH, OTHER THAN PLEDGES OR LOANS SC-SPAC, SPAC, & SPAC-SS) 1 Total pages this Schedule A1: 18 The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME John G. Clamp 8 In-kind contribution 7 Amount of Date 5 Full name of contributor out-of-state PAC ID# description (if applicable) contribution (\$) Patrick Duncan 2/21/03 \$100.00 State: Zip Code 6 Contributor address; City: 30030 Royal Mustang Circle Boerne, TX 78015 10 Employer (Optional) 9 Principal occupation (Optional) In-kind contribution Amount of out-of-state PAC ID# Date Full name of contributor description (if applicable) contribution (\$) 2/21/03 Edward Barron III \$500.00 Contributor address: City; State; Zip Code Helotes, TX 78023 P. O. Box 677 Employer (Optional) Principal occupation (Optional) In-kind contribution Amount of out-of-state PAC ID# Full name of contributor Date contribution (\$) description (if applicable 2/21/03 Charles E. Amato \$250.00 City; State; Zip Code Contributor address: 9311 San Pedro Ave, Ste 60 San Antonio, TX 78216 Employer (Optional) Principal occupation (Optional) In-kind contribution Amount of out-of-state PAC ID# Date Full name of contributor contribution (\$) description (if applicable) 2/21/03 Agustin Tellez, Jr. \$100.00 Contributor address; City; State; Zip Code 1110 Vista Valet, Apt 708 San Antonio, TX 78216 Employer (Optional) Principal occupation (Optional) In-kind contribution out-of-state PAC ID# Amount of Full name of contributor Date description (if applicable) contribution (\$) 2/21/03 Mark Wolf \$100.00 City; State; Zip Code Contributor address; San Antonio, TX 78232 109 Fleetwood Dr. Principal occupation (Optional) Employer (Optional)

SCHEDULE A1 (FOR FORMS C/OH, C/OH-SS, SC-C/OH,

OTHER THAN I LEDGES ON LOANS		SC-SPAC, SPAC, & SPAC-SS)		
Tr	ne Instruction Guide explains how to complete th	is form.	1 Total pages th	is Schedule A1: 18
FILER NAME			3 ACCOUNT # (Ethics Commiss	
ohn G. Clamp				
Date 2/20/03	5 Full name of contributor out-of-state PAC	CID#	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; 8106 Countryside San Antonio,	Zip Code	\$150.00	
Principal occup		10 Employer (Option	nal)	1.
Date 2/20/03	Full name of contributor out-of-state PAC G.W. Worth, Jr.	CID#	Amount of contribution (\$)	In-kind contribution description (if applicable)
220,00		Zip Code	\$500.00	ļ
	6929 Camp Bullis Road San Antonio,	TX 78256		
Principal occup	ation (Optional)	Employer (Option	nal)	700
Date	Full name of contributor out-of-state PAC	CID#	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/20/03	James W. Bastoni Contributor address; City; State;	Zip Code	\$500.00	
	106 Ottawa Run San Antonio,	TX 78231		D 3
Principal occup	ation (Optional)	Employer (Optio	nal)	¢ 52
Date	Full name of contributor out-of-state PAC	ID#	Amount of	In-kind contribution
2/20/03	Wm. Kennon Vickrey		contribution (\$)	description (if applicable)
		Zip Code	\$500.00	1
Principal occup	7334 Blanco Rd, Suite 109 San Antonio,		nal\	1
Timorpai occup	ation (Optional)	Employer (Option	nai)	
Date	Full name of contributor ut-of-state PAC	ID#	Amount of	In-kind contribution
2/21/03	Robert G. Burkholder		contribution (\$) \$100.00	description (if applicable)
		Zip Code	Ψ100.00	[
Principal occup		Employer (Option	nal)	<u> </u>
•	•	, ,, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	

P.O. Box 12070

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

(512) 463-5800

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Ŧ	he Instruction Guide explains how to complete th	is form.	1 Total pages th	is Schedule A1: 18
2 FILER NAME John G. Clamp			3 ACCOUNT#	(Ethics Commission filers)
4 Date 2/19/03	5 Full name of contributor out-of-state PAC Metropolitan Contracting Co. 6 Contributor address; City; State; 990 Isom San Antonio,	Zip Code	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occup	pation (Optional)	10 Employer (Opti	ional)	
Date 2/20/03	6 N. Inwood Heights Dr. San Antonio,	Zip Code TX 78248	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Opti	ional)	
Date 2/20/03	Full name of contributor out-of-state PAC Carl I Fuhrmann III Contributor address; City; State; 8222 Country Side Dr. San Antonio,	Zip Code	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Opt	ional)	CLERK
Date 2/20/03	Full name of contributor out-of-state PAG Philip E. Nelson Contributor address; City; State; 115 W. Rosewood San Antonio,	Zip Code	Amount of contribution (\$) \$100.00	In-kind contribution description (if appticable)
Principal occup	pation (Optional)	Employer (Opt	ional)	
Date 2/20/03	Full name of contributor out-of-state PAG Dr. Frank L. Bond Contributor address; City; State; 2311 Harry wurzbach San Antonio,	Zip Code	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Opt	ional)	J

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

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T	he Instruction Guide explains how to complete t	his form.	1 Total pages th	nis Schedule A1: 18
2 FILER NAME John G. Clamp			3 ACCOUNT#	(Ethics Commission filers)
4 Date 2/17/03	5 Full name of contributor Out-of-state PA 3 D/I PAC 6 Contributor address; City; State; 1900 West Loop South, Ste Houston, TX	Zip Code	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occup	pation (Optional)	10 Employer (Op	otional)	
Date 2/18/03	Full name of contributor out-of-state PA Sam Barshop Contributor address; City; State; 900 Isom Rd, Suite 300 San Antonio	Zip Code	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Op	otional)	OF SAN
Date 2/18/03	Full name of contributor out-of-state PA Col Chuck Crawford Contributor address; City; State; San Antonio	Zip Code	Amount of contribution (\$) \$70.72	In-kind contribution description (if applicable) Lunch for Campaign Staff
Principal occup	pation (Optional)	Employer (Op	otional)	
Date 2/19/03	Full name of contributor out-of-state PA Elliot L. Johnson Contributor address; City; State; 4322 Putting Green San Antonio	Zip Code	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Op	otional)	
Date 2/19/03	Full name of contributor out-of-state PA Michael R. Lenz Contributor address; City; State; 5950 Woodridge Hill San Antonio	Zip Code	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Op	otional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A1 (FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

				000	
Th	e Instruction Guide explains	how to complete thi	s form.	1 Total pages th	nis Schedule A1: 18
2 FILER NAME				3 ACCOUNT#	(Ethics Commission filers)
John G. Clamp					
4 Date	5 Full name of contributor	out-of-state PAC	ID#	7 Amount of	8 In-kind contribution
2/10/03	Thomas P. McCarthy			contribution (\$)	description (if applicable)
	6 Contributor address;	City; State;	Zip Code	\$250.00	
	13730 Chittim Meadow	San Antonio,	TX 78232		
9 Principal occupa	ation (Optional)		10 Employer (Optional)		
Date	Full name of contributor	out-of-state PAC	ID#	Amount of	In-kind contribution
2/11/03	Mr. Joe Soules			contribution (\$)	description (if applicable)
	Contributor address;	City; State;	Zip Code	\$500.00	
	9011 Village Dr.	San Antonio,	TX 78217	<u></u>	
Principal occupa	ation (Optional)		Employer (Optional)		117 OF
Date	Full name of contributor	out-of-state PAC	ID#	Amount of	In-kind contribution
2/12/03	Mr. T. C. Frost			contribution (\$)	description (if applicable)
	Contributor address;	City; State;	Zip Code	\$500.00	D R
	P.O. Box 1600	San Antonio,	TX 78296		٩
Principal occup	ation (Optional)		Employer (Optional)		57
Date	Full name of contributor	out-of-state PAC	D#	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/15/03	Dale Kane			\$100.00	description (ii applicable)
	Contributor address;	City; State;	Zip Code	\$100.00	1
	576 Turtle Lane	Seguin, TX 78	8155		
Principal occup	ation (Optional)		Employer (Optional)	1	
Date	Full name of contributor	out-of-state PAC	ID#	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/15/03	Col David P. Jentsch			\$25.00	(a applicable)
	Contributor address;	-	Zip Code	⊅∠3.UU	
	4346 Putting Green	San Antonio,	TX 78217		1
Principal occup	ation (Optional)		Employer (Optional))	
			L		

OLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS			(FOR FORMS C SC-SI	SCHEDULE A1 (IOH, CIOH-SS, SC-CIOH, PAC, SPAC, & SPAC-SS)
TI	ne Instruction Guide explains how to complete this	s form.	1 Total pages thi	s Schedule A1: 18
FILER NAME ohn G. Clamp		3 ACCOUNT#((Ethics Commission filers)	
Date 1/13/03	, , , , ,	Zip Code	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
Principal occup	11122 Wurzbach Rd San Antonio, Toation (Optional)	10 Employer (Opti	ional)	
Date 1/19/03	Full name of contributor out-of-state PAC Steven Clamp Contributor address; City; State; 7 7AF/A5, PSC 3, Box 5573 APO AP, 962	Zip Code	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Opt	ional)	
Date 1/25/03	Full name of contributor out-of-state PAC Capt Philip M. Harris Contributor address; City; State; 15818 Oak Grove San Antonio,	Zip Code	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Opt	tional)	u A
Date 2/5/03	Full name of contributor out-of-state PAC Cathy Cockrell Contributor address; City; State; 106 Ruelle Ln, Apt A San Antonio,	Zip Code	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Op	tional)	
Date 2/6/03	Full name of contributor out-of-state PAC Robert G. Kramer Contributor address; City; State; 105 Happy Trail San Antonio,	Zip Code	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Op	otional)	

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES **SCHEDULE F** 1 Total pages this Schedule F: 20 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) John G. Clamp Date 5 Payee name 7 **Amount** (\$) 3/19/03 The Catalyst Company \$2,078.25 City; State; Zip Code 6 Payee address; 1110 Branch Spring San Antonio, TX 78258 8 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Candidate/Officeholder name Office sought Office held Mailout/Design/Printing Date Payee name Amount (\$) 3/12/03 US Postal Service \$37.00 Payee address; City; State; Zip Code North Broadway San Antonio, TX 78217 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Candidate/Officeholder name Office sought Office held Stamps Date Payee name Amount 3/14/03 **Documart** Payee address; City; State; Zip Code 8800 Broadway San Antonio, TX 78217 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH information required.) Candidate/Officeholder name Office sought Office held **Printing** Date Payee name Amount (\$) 3/6/03 Altman Direct Marketing \$1,765.00 Payee address; City; State; Zip Code 4263 Gatecrest San Antonio, TX 78217 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Candidate/Officeholder name Office sought Office held Mailouts

Campaign Office Rent

SCHEDULE F POLITICAL EXPENDITURES 1 Total pages this Schedule F: 20 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) John G. Clamp 7 Date 5 Payee name Amount (\$) 1/4/03 North Chamber \$15.00 6 Payee address; City; State; Zip Code 12930 Country Parkway San Antonio, TX 78216 ** Complete if direct expenditure to benefit C/OH ** Purpose of payment (See instructions regarding type of information required.) Candidate/Officeholder name Office sought Office held Networking Breakfast Date Payee name Amount (\$) 1/4/03 Real Estate Council of San Antonio \$50.00 Payee address; City; State; Zip Code 1335 N.E. Loop 410 San Antonio, TX 78209 ** Complete if direct expenditure to benefit C/OH.** Purpose of payment (See instructions regarding type of Office be information required.) Candidate/Officeholder name Office sought Luncheon Date Payee name Amount 1/15/03 Republican Men's Club Payee address; City; State; Zip Code 16630 Worthington San Antonio, TX 78248 ** Complete if direct expenditure to benefit C/OH ** Purpose of payment (See instructions regarding type of information required.) Candidate/Officeholder name Office sought Office held Membership/luncheon Date Payee name Amount (\$) 1/17/03 Allied Printing \$134.31 Payee address; City; State; Zip Code 3700 Blanco Rd San Antonio, TX 78212 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Candidate/Officeholder name Office sought Office held **Printing**

POLITICAL EXPENDITURES **SCHEDULE F** 1 Total pages this Schedule F: 20 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) John G. Clamp Date 5 Payee name 7 Amount (\$) 3/6/03 Altex Electronics \$16.08 6 Payee address; Zip Code City; State; 14215 San Pedro San Antonio, TX 78232 8 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Candidate/Officeholder name Office sought Office held Phone cables/adapter/modular outlet box Date Payee name **Amount** 3/14/03 **Fuddruckers** \$8.01 Payee address; City; State; Zip Code 8602 Botts Lane San Antonio, TX 78217 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ... Office held information required.) Candidate/Officeholder name Office sought Campaign Working lunch n Date Payee name Amount (\$) 3/11/03 Franklin's Print and Copy \$179.91 Payee address; City; State; Zip Code 402 W. Rhapsody San Antonio, TX 78216 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Candidate/Officeholder name Office sought Office held Envelopes Date Payee name Amount (\$) 1/4/03 North Chamber \$25.00 Payee address; City; State; Zip Code 12930 Country Parkway San Antonio, TX 78216 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Candidate/Officeholder name Office sought Office held Year In Review

SCHEDULE F POLITICAL EXPENDITURES 1 Total pages this Schedule F: 20 The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME John G. Clamp Date 5 Payee name 7 Amount (\$) 2/28/03 Lowe's \$54.15 6 Payee address; City; State; Zip Code 11718 IH35 N. San Antonio, TX 78233 8 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Candidate/Officeholder name Office sought Office held Concrete/2x4's and SPF Date Payee name Amount (\$) 3/21/03 United States Postal Service \$0.83 Payee address; City; State; Zip Code North Broadway San Antonio, TX 78217 ** Complete if direct expenditure to benefit C/OI Purpose of payment (See instructions regarding type of information required.) Candidate/Officeholder name Office sought Postage Date Payee name 2/28/03 Capparelli's Payee address; City; State; Zip Code 8503 Broadway San Antonio, TX 78217 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Candidate/Officeholder name Office sought Office held Blockwalking/working lunch Date Payee name Amount (\$) 3/11/03 Office Depot \$48.28 Payee address; City; State; Zip Code 25 NE Loop 410 Ste 100 San Antonio, TX 78217 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Candidate/Officeholder name Office sought Office held Push pins/paper clips/ink cartridges

1-800-325-8506 Austin, Texas 78711-2070 (512) 463-5800 **Texas Ethics Commission** P.O. Box 12070 SCHEDULE F POLITICAL EXPENDITURES 1 Total pages this Schedule F: 20 The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME John G. Clamp Amount Date 5 Payee name (\$) 2/6/03 Home Depot \$92.54 6 Payee address; City; State; Zip Code 8138 Agora Pkwy Selma, TX 78154 ** Complete if direct expenditure to benefit C/OH ** 8 Purpose of payment (See instructions regarding type of Office held Office sought Candidate/Officeholder name information required.) 5/8 Studs/screws/rebar Amount Date Payee name (\$) 3/17/03 Bill Miller \$6.09 City: State: Zip Code Payee address; San Antonio, TX 78217 2410 Nacogdoches Road ** Complete if direct expenditure to benefit C/OH ate/Officeholder name Office sought Officeld Purpose of payment (See instructions regarding type of Candidate/Officeholder name information required.) Breakfast tacos for campaign staff Amount Date Payee name 2/28/03 Lowe's City; State; Zip Code Payee address; 11718 IH35 N. San Antonio, TX 78233 ** Complete if direct expenditure to benefit C/OH ** Purpose of payment (See instructions regarding type of Candidate/Officeholder name Office sought Office held information required.) Screws Amount Date Payee name (\$) 3/17/03 Wal-Mart \$4.82 Payee address; City; State; Zip Code San Antonio, TX 78218 7702 IH35 N ** Complete if direct expenditure to benefit C/OH ** Purpose of payment (See instructions regarding type of

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Candidate/Officeholder name

Office sought

information required.)

Envelopes

SCHEDULE F POLITICAL EXPENDITURES 1 Total pages this Schedule F: 20 The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME John G. Clamp Date 5 Payee name 7 Amount (\$) 2/26/03 McCoy's \$55.83 6 Payee address; City; State; Zip Code San Antonio, TX 78217 11511 Perrin Beitel ** Complete if direct expenditure to benefit C/OH ** 8 Purpose of payment (See instructions regarding type of Office held information required.) Candidate/Officeholder name Office sought Stakes/Nails Date Payee name Amount (\$) 3/22/03 Home Depot City; State; Zip Code Payee address; 8138 Agora Pkwy Selma, TX 78154 ** Complete if direct expenditure to benefit C/OH Purpose of payment (See instructions regarding type of information required.) Candidate/Officeholder name Office sought Concrete Date Payee name 3/21/03 Home Depot \$12.37 Payee address; City; State; Zip Code 8138 Agora Pkwy Selma, TX 78154 ** Complete if direct expenditure to benefit C/OH ** Purpose of payment (See instructions regarding type of information required.) Candidate/Officeholder name Office sought Office held Rebar/2x4's Date Payee name Amount (\$) 3/21/03 Home Depot \$59.85 Payee address; City; State; Zip Code 8138 Agora Pkwy Selma, TX 78154 ** Complete if direct expenditure to benefit C/OH ** Purpose of payment (See instructions regarding type of information required.) Candidate/Officeholder name Office sought Office held 2x4's/5x8 studs

POLITICAL EXPENDITURES				SCHEDULE F
т	he Instruction Guide explains how to complete th	is form.	1 Total pages	this Schedule F: 20
2 FILER NAME			3 ACCOUNT	# (Ethics Commission filers)
John G. Clamp				
4 Date	5 Payee name			7 Amount
3/19/03	United States Postal Service			(\$)
	6 Payee address; City; State;	Zip Code		\$40.02
	North Broadway San Antonio,	TX 78217		
8 Purpose of pay information req	ment (See instructions regarding type of uired.)	9 ** Complete if d Candidate/Officeholder		e to benefit C/OH ** sought Office held
Date	Payee name			Amount
2/20/03	United States Postal Service			(\$)
		Zip Code		\$0.83
	North Broadway San Antonio,	TX 78217		269
Purpose of pay information red Postage	wment (See instructions regarding type of quired.)	** Complete if d Candidate/Officeholder	irect expenditure name Office	e to benefit C/OHO CON
Date	Person name			Amount 23
3/21/03	Payee name			(\$) 4 8
3/21/03	United States Postal Service Payee address; City; State;	Zip Code		\$2.49
		•		
	North Broadway San Antonio,	1		
Purpose of pay information rec	ment (See instructions regarding type of quired.)	** Complete if d Candidate/Officeholder		e to benefit C/OH ** e sought Office held
Postage	,			-
Date	Payee name			Amount (\$)
2/12/03	Mailbox Express			, ,
	Payee address; City; State;	Zip Code		\$ 5.40
	8200 Pat Booker Road San Antonio,	TX 78233		
Purpose of parinformation rec	yment (See instructions regarding type of quired.)	** Complete if of Candidate/Officeholder		e to benefit C/OH ** e sought Office held

(512) 463-5800

SCHEDULE F POLITICAL EXPENDITURES 1 Total pages this Schedule F: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME John G. Clamp Date 5 Payee name 7 Amount (\$) 3/14/03 Office Max \$2.40 6 Payee address; City; State; Zip Code 4925 Windsor Hill San Antonio, TX 78239 8 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Candidate/Officeholder name Office sought Office held Envelopes Date Payee name Amount (\$) 2/19/03 Fuddrucker's \$21.20 Payee address; City; State; Zip Code San Antonio, TX 78217 8602 Botts Lane ** Complete if direct expenditure to benefit C/OH Purpose of payment (See instructions regarding type of Office held information required.) Candidate/Officeholder name Office sought Blockwalkers lunch Date Payee name Amount Q 2/14/03 Formosa Garden Payee address; City; State; Zip Code 1011 NE Loop 410 San Antonio, TX 78209 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Candidate/Officeholder name Office sought Office held Campaign staff working lunch Date Payee name Amount (\$) 2/26/03 Office Max \$22.23 Pavee address: City; State; Zip Code 4925 Windsor Hill dr. San Antonio, TX 78239 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Candidate/Officeholder name Office sought Thank You cards

SCHEDULE F POLITICAL EXPENDITURES 1 Total pages this Schedule F: 20 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) John G. Clamp Date 5 Payee name 7 Amount (\$) 2/9/03 Kinko's \$24.00 6 Payee address; City: State: Zip Code 1275 NE Loop 410 San Antonio, TX 78209 8 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Candidate/Officeholder name Office sought Office held **Printing** Date Payee name Amount (\$) 2/3/03 Grady's \$15.04 Payee address; City; State; Zip Code 14100 Nacogdoches San Antonio, TX 78217 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OF information required.) Candidate/Officeholder name Office sought Campaign Lunch Date Payee name Amount (\$) 3/6/03 Bill Miller's \$5.350 Payee address; City; State; Zip Code 2410 Nacogdoches Rd San Antonio, TX 78217 ** Complete if direct expenditure to benefit C/OH ** Purpose of payment (See instructions regarding type of information required.) Candidate/Officeholder name Office held Office sought Breakfast tacos for campaign staff Date Payee name Amount (\$) 3/2/03 Bill Miller's \$5.03 Payee address: City; State; Zip Code 2410 Nacogdoches Rd San Antonio, TX 78217 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Candidate/Officeholder name Office sought Breakfast tacos for campaign staff

Purpose of payment (See instructions regarding type of information required.)

Payee address;

Broadway

Campaign Lunch

** Complete if direct expenditure to benefit C/OH **
Candidate/Officeholder name Office sought Office hel

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City; State; Zip Code

San Antonio, TX 78217

\$14.73

(512) 463-5800

SCHEDULE F POLITICAL EXPENDITURES 1 Total pages this Schedule F: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME John G. Clamp Date 5 Payee name Amount (\$) 2/10/03 **McCovs** \$30.28 6 Payee address; City; State; Zip Code 11511 Perrin Beitel San Antonio, TX 78217 8 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** Office held information required.) Candidate/Officeholder name Office sought Concrete Mix Date Payee name **Amount** (\$) 1/7/03 Home Depot \$57.09 Payee address; City; State; Zip Code Sunset Road San Antonio, TX 78209 ** Complete if direct expenditure to benefit C/OH ** Purpose of payment (See instructions regarding type of Office held information required.) Candidate/Officeholder name Office sought Lumber Date Payee name Amou**P** 1/7/03 Lowe's Payee address; City; State; Zip Code 11718 IH35 North San Antonio, TX 78233 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH *** information required.) Candidate/Officeholder name Office sought Black Cable Date Payee name **Amount** (\$) 1/7/03 Zito's \$56.01 Payee address; City; State; Zip Code 8800 Broadway San Antonio, TX 78217 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Candidate/Officeholder name Office sought Working lunch for Campaign staff/committee

Date 2/10/03	Payee name United States Postal S Payee address; North Broadway		Zip Code <i>TX 78217</i>	Amount (\$) \$291.00
Purpose of pa	yment (See instructions regard	,	** Complete if direct expen	diture to benefit C/OH ** Office sought Office held

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Postage

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P.O. Box 12070

SCHEDULE F **POLITICAL EXPENDITURES** 1 Total pages this Schedule F: 20 The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME John G. Clamp Date 5 Payee name Amount (\$) 2/16/03 Office Max \$31.44 6 Payee address; City; State; Zip Code 17700 US Hwy 281 North San Antonio, TX 78232 ** Complete if direct expenditure to benefit C/OH ** 8 Purpose of payment (See instructions regarding type of Office held Candidate/Officeholder name Office sought information required.) Disks and Portfolios Date Payee name Amount (\$) 2/18/03 HEB \$32.02 Payee address; City; State; Zip Code Nacogdoches San Antonio, TX 78232 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH.** Office nel information required.) Candidate/Officeholder name Office sought Supplies for Rally Amount Date Payee name (\$) 🙇 2/11/03 Documart \$37. Payee address; City; State; Zip Code 8800 Broadway San Antonio, TX 78217 ** Complete if direct expenditure to benefit C/OH ** Purpose of payment (See instructions regarding type of Office held information required.) Candidate/Officeholder name Office sought **Printing** Amount Date Payee name (\$) 2/6/03 Documart \$42.58 Payee address; City; State; Zip Code 8800 Broadway San Antonio, TX 78217 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Office sought Candidate/Officeholder name **Printing**

SCHEDULE F POLITICAL EXPENDITURES 1 Total pages this Schedule F: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME John G. Clamp Amount Date 5 Payee name 7 (\$) 2/20/03 City of San Antonio \$32.40 6 Payee address; City; State; Zip Code P.O. Box 839975 San Antonio, TX 78204 8 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** Office held Candidate/Officeholder name Office sought information required.) **Budget Document** Date Payee name Amount (\$) 2/13/03 Allied Advertising \$247.00 Payee address; City; State; Zip Code 3700 Blanco Road San Antonio, TX 78212 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Office sought Candidate/Officeholder name **Bumper Stickers** Payee name Amount: Date 2/14/03 Allied Advertising Payee address; City; State; Zip Code 3700 Blanco Road San Antonio, TX 78212 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH information required.) Candidate/Officeholder name Office sought Office held Lapel Patches Date Payee name Amount (\$) 2/17/03 Documart Printing \$7.93 Payee address; City; State; Zip Code 8800 Tradeway San Antonio, TX 78217 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Candidate/Officeholder name Office sought Office held **Printing**

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SCHEDULE F POLITICAL EXPENDITURES 1 Total pages this Schedule F: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME John G. Clamp Date 5 Payee name 7 Amount (\$) 2/19/03 La Prensa \$35.00 6 Payee address; City; State; Zip Code PO Box 830768 San Antonio, TX 78283 8 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Candidate/Officeholder name Office sought Office held 6-month subscription Date Payee name Amount (\$) 2/24/03 United States Postal Service \$37.00 Payee address: City; State; Zip Code North Broadway Station San Antonio, TX 78217 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Candidate/Officeholder name Office sought Office held Postage Stamps Date Payee name Amount_a (\$) __ 2/21/03 Petroleum Club \$213.55 Payee address; City; State; Zip Code 8620 N. New Braunfels San Antonio, TX 78217 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Candidate/Officeholder name Office sought Office held Breakfast for 20 Date Payee name Amount (\$) 2/20/03 John McAteer \$400.00 Payee address; City; State; Zip Code 3843 Barrington, #106 San Antonio, TX 78209 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Candidate/Officeholder name Office sought Campaign Consulting

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SCHEDULE F POLITICAL EXPENDITURES 1 Total pages this Schedule F: 20 The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME John G. Clamp 7 Date 5 Payee name Amount (\$) 2/24/03 Cookie Bouquet \$34.00 6 Payee address; City; State; Zip Code 1836 Nacogdoches Road San Antonio, TX 78209 8 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Candidate/Officeholder name Office sought Office held Thank you Gift Date Payee name Amount (\$) 2/25/03 HEB \$53.88 Payee address; City; State; Zip Code **Broadway** San Antonio, TX 78209 ** Complete if direct expenditure to benefit C/OH ** Purpose of payment (See instructions regarding type of Office h information required.) Candidate/Officeholder name Office sought Thank You Gift Date Payee name Amount 1/20/03 Keller Photography Payee address; City; State; Zip Code 1110 Branch Spring San Antonio. TX 78258 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Candidate/Officeholder name Office held Office sought Sitting fee/Processing and CD Date Payee name Amount (\$) 2/24/03 North Chamber \$17.00 Payee address; City; State; Zip Code 12930 Country Pkwy San Antonio, TX 78216 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Candidate/Officeholder name Office sought Office held Networking Forum

SCHEDULE F POLITICAL EXPENDITURES 1 Total pages this Schedule F: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME John G. Clamp Date 5 Payee name Amount (\$) 3/5/03 Cutting Edge \$36.00 6 Payee address; City; State; Zip Code 3107 Sagehill San Antonio, TX 78230 8 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Candidate/Officeholder name Office sought Office held Courier Service Date Payee name Amount (\$) 3/4/03 **CFCTI** \$1.077.63 Payee address; City; State: Zip Code 3463 Magic Drive, Ste T-5 San Antonio, TX 78229 ** Complete if direct expenditure to benefit C/OH ** Purpose of payment (See instructions regarding type of information required.) Candidate/Officeholder name Office sought Office held Website Creation Date Payee name Amount 3/3/03 The Political Edge \$3,000.0Q Payee address; City; State; Zip Code 7515 Peppervine Lane San Antonio, TX 78249 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Candidate/Officeholder name Office held Office sought Database/training/disks Date Payee name Amount (\$) 2/26/03 Franklin's \$479.21 Payee address; City; State; Zip Code 402 W. Rhapsody San Antonio, TX 78216 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Candidate/Officeholder name Office sought Letterhead and Remittance Envelopes

SCHEDULE F POLITICAL EXPENDITURES 1 Total pages this Schedule F: 20 The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME John G. Clamp 5 Payee name 7 Amount Date (\$) 3/6/03 SAWS Parking \$5.00 6 Payee address; City: State: Zip Code 424 East Nueva San Antonio, TX 78205 ** Complete if direct expenditure to benefit C/OH ** 8 Purpose of payment (See instructions regarding type of Candidate/Officeholder name Office sought Office held information required.) Parking Amount Date Payee name (\$) 3/6/03 The Catalyst Company \$2,646.60 Payee address; City; State; Zip Code 1110 Branch Spring San Antonio, TX 78258 ** Complete if direct expenditure to benefit C/OH ** Purpose of payment (See instructions regarding type of information required.) Candidate/Officeholder name Office sought Office held Mailout/design/printing **Amount** Date Payee name 3/5/03 Franklin's Payee address; City; State; Zip Code 402 W. Rhapsody San Antonio, TX 78216 ** Complete if direct expenditure to benefit C/OH ** Purpose of payment (See instructions regarding type of information required.) Candidate/Officeholder name Office sought Office held Envelopes Date Payee name Amount (\$) 3/5/03 Speedy Print \$10.41 Payee address; City; State; Zip Code PO Box 171170 San Antonio, TX 78217 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Candidate/Officeholder name Office sought Office held Name Tag

SCHEDULE F POLITICAL EXPENDITURES 1 Total pages this Schedule F: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME John G. Clamp Date 5 Payee name 7 Amount (\$) 1/22/03 Allied Advertising \$236.72 6 Payee address; City; State; Zip Code 3700 Blanco Road San Antonio, TX 78212 8 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Office held Candidate/Officeholder name Office sought Signs

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

Th	e Instruction Guide explains how to complete this form.	1 Total page	s this Schedule G: 6	
FILER NAME John G. Clamp		3 ACCOUN	T # (Ethics Commission fi	ilers)
4 Date	5 Payee name		8 Amount	
3/17/03	Corner Store		(\$)	
	6 Payee address; City; State; Zip Code		\$36.50	
	1540 Austin Hwy San Antonio, TX 78218		Reimbursement	
	7 Purpose of expenditure (See instructions regarding type of informatio	n required.)	from political contributions intended	
Date	Payee name		Amount	
3/20/03	EZ's		(\$)	
	Payee address; City; State; Zip Code		\$20.77	
	Alamo Heights San Antonio, TX 78209		Reimbursement	
	Purpose of expenditure (See instructions regarding type of information	on required.)	from political contributions	
	Campaign Meeting	,	intended	CI
Date	Payee name		Amount (\$10)	ب 00
3/24/03	Starbuck's		(*)公	IY S
	Payee address; City; State; Zip Code		\$2.64	C를
	Nacogdoches San Antonio, TX 78209		Reimbursement from political	ER
	Purpose of expenditure (See instructions regarding type of information Campaign Meeting	on required.)	contributions of intended	
Date	Payee name		Amount	
3/21/03	Ampco System Parking		(\$)	
	Payee address; City; State; Zip Code		\$5.00	
	San Antonio, TX 78205		Reimbursement	
	Purpose of expenditure (See instructions regarding type of information	on required.)	from political contributions	
	City Council Drawing	, ,	intended	
Date	Payee name		Amount	
2/19/03	Central Parking System		(\$)	
	Payee address; City; State; Zip Code		\$8.00	
	118 Losoya San Antonio, TX 78205		✓ Reimbursement	
	Purpose of expenditure (See instructions regarding type of information Commissioners Court Meeting	on required.)	from political contributions intended	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

Th	ne Instruction Guide explains how to complete this form.	i i otai page	s this Schedule G: 6	
2 FILER NAME		3 ACCOUN	Γ# (Ethics Commission	filers)
John G. Clamp Date	5 Payee name		8 Amount	
3/19/03	Mama's Café		(\$)	
3/19/03	6 Payee address; City; State; Zip Code		\$12.07	
	2442 Ncogdoches Road San Antonio, TX 78217		Reimbursement	
	7 Purpose of expenditure (See instructions regarding type of information re	equired.)	from political contributions intended	
Date 3/23/03	Payee name Exxon		Amount (\$)	
	Payee address; City; State; Zip Code		\$30.01	
	1202 NE Loop 410 San Antonio, TX 78209		✓ Reimbursement	C
	Purpose of expenditure (See instructions regarding type of information re	equired.)	from political contributions intended	00
	Gas		intended 3	3
Date	Payee name		Amount (\$)	2
3/23/03	Office Depot		\$23.7	5
	Payee address; City; State; Zip Code		م	
	25 NE Loop 410 San Antonio, TX 78217		Reimbursement from political	
	Purpose of expenditure (See instructions regarding type of information re Pocket Folders (For blockwalking)	equired.)	contributions intended	
Date	Payee name	,	Amount	
3/15/03	Zito's Deli		(\$)	
	Payee address; City; State; Zip Code		\$4.98	
	8800 Broadway San Antonio, TX 78217		Reimbursement from political	
	Purpose of expenditure (See instructions regarding type of information re Campaign Lunch	equired.)	contributions intended	
Date	Payee name		Amount	
3/7/03	McCoys		(\$)	
	Payee address; City; State; Zip Code		\$51.41	
	11511 Perrin Beitel San Antonio, TX 78217		✓ Reimbursement	
	Purpose of expenditure (See instructions regarding type of information of Stakes/Nails	equired.)	from political contributions intended	

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SCHEDULE G

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

	The Instruction Guide explains how to complete this form.	1 Total pages this Schedule G: 6
FILER NAM	E	3 ACCOUNT # (Ethics Commission filers)
ohn G. Clam	пр	
Date	5 Payee name	8 Amount (\$)
3/7/03	Jim's	\$6.20
	6 Payee address; City; State; Zip Code	
	8427 Broadway San Antonio, TX 78209	Reimbursement from political
	7 Purpose of expenditure (See instructions regarding type of information requesting type of information requesting)	uired.) contributions intended
Date	Payee name	Amorat CC
3/6/03	Jim's	(\$) 70
	Payee address; City; State; Zip Code	\$8.50
	942 NE loop 410 San Antonio, TX 78217	Reimbursement
	Purpose of expenditure (See instructions regarding type of information req	
	Campaign lunch	intended
Date	Payee name	Amount (\$)
3/1/03	Bill Miller's	\$5.18
	Payee address; City; State; Zip Code	\$3.16
	2418 Nacogdoches San Antonio, TX 78217	Reimbursement from political
	Purpose of expenditure (See instructions regarding type of information req	•
	Campaign Lunch	intended
Date	Payee name	Amount (\$)
3/15/03	Taco Cabana	\$7.16
	Payee address; City; State; Zip Code	
	12030 Perrin Beitel San Antonio, TX 78217	Reimbursement from political
	Purpose of expenditure (See instructions regarding type of information req	uired.) contributions intended
	Blockwalking Lunch	
Date	Payee name	Amount (\$)
2/28/03	Stop-N-Go	
	Payee address; City; State; Zip Code	\$35.50
	17550 Judson Road San Antonio, TX 78247	Reimbursement from political
	Purpose of expenditure (See instructions regarding type of information req	quired.) contributions
	Gas	intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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SCHEDULE G

т	he Instruction Guide explains how to complete this form.	1 Total pages this Schedule G: 6
2 FILER NAME John G. Clamp		3 ACCOUNT # (Ethics Commission filers)
1 Date	5 Payee name	8 Amount (\$)
2/11/03	HEB 6 Payee address; City; State; Zip Code 1533 Austin Highway San Antonio, TX 78218	\$13.36 ✓ Reimbursement
	1533 Austin Highway San Antonio, TX 78218 7 Purpose of expenditure (See instructions regarding type of information related and Water (Neighborhood President's Meeting)	from political
Date 2/15/03	Payee name McCoy's Payee address; City; State; Zip Code 1025 Kitty Hawk Road Universal City, TX 78148 Purpose of expenditure (See instructions regarding type of information re	Amount (\$) \$29.74 Reimbursement from political contributions intended
Date 3/8/03	Payee name Stop N Go Payee address; City; State; Zip Code 1209 Austin Hwy San Antonio, TX 78218 Purpose of expenditure (See instructions regarding type of information re Gas	Reimbursement from political ocontributions intended
Date 1/18/03	Payee name Formosa Gardens Payee address; City; State; Zip Code 1011 NE Loop 410 San Antonio, TX 78209 Purpose of expenditure (See instructions regarding type of information re Campaign Lunch	Amount (\$) \$14.84 Reimbursement from political contributions intended
Date 1/9/03	Payee name City of San Antonio Payee address; City; State; Zip Code P.O.Box 839966 San Antonio, TX 78283 Purpose of expenditure (See instructions regarding type of information re	Amount (\$) \$0.90 Reimbursement from political contributions intended

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POLITICAL EXPENDITURES **MADE FROM PERSONAL FUNDS**

P.O. Box 12070

SCHEDULE G

Tł	ne Instruction Guide explains how to complete this form.	F3-5	this Schedule G: 6	
2 FILER NAME	3	ACCOUNT:	# (Ethics Commission	filers)
John G. Clamp				
4 Date 1/10/03	5 Payee name United States Postal Service		8 Amount (\$)	
1710/03	6 Payee address; City; State; Zip Code		\$37.00	
	North Broadway San Antonio, TX 78217		Reimbursement from political	
	7 Purpose of expenditure (See instructions regarding type of information requirements and Postage	iired.)	contributions intended	
Date 1/6/03	Payee name Fuddruckers		Amount (\$)	
	Payee address; City; State; Zip Code		\$ 6.57	
	8602 Botts Lane San Antonio, TX 78217		Reimbursement from political	CITY
	Purpose of expenditure (See instructions regarding type of information requ	uired.)	contributions intended	
Date 1/14/03	Payee name Altex Electronics, Ltd Payee address; City; State; Zip Code 14215 San Pedro Ave San Antonio, TX 78232		Amount (\$) \$146.56	TY CLERK
	Purpose of expenditure (See instructions regarding type of information requ Cables/routers/3-way jack/phone devices	uired.)	from political contributions intended	
Date	Payee name		Amount (\$)	
2/1/03	8531 N. New Braunfels, Ltd Payee address; City; State; Zip Code		\$575.00	
	8531 N. New Braunfels, Ste San Antonio, TX 78217		✓ Reimbursement	
	Purpose of expenditure (See instructions regarding type of information requ	uired.)	from political contributions intended	
Date	Payee name		Amount	
3/1/03	8531 N. New Braunfels, Ltd		(\$) \$575.00	
	Payee address; City; State; Zip Code 8531 N. New Braunfels, Ste San Antonio, TX 78217		✓ Reimbursement	
	Purpose of expenditure (See instructions regarding type of information required Campaign Office Rent	uired.)	from political contributions intended	

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SCHEDULE G

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

Т	The Instruction Guide explains how to complete this form.	Total pages this Schedule G: 6
FILER NAME		ACCOUNT # (Ethics Commission filers
Date	5 Payee name	8 Amount (\$)
3/11/03	SBC	\$356.60
	6 Payee address; City; State; Zip Code	φοσ.σσ
	Houston, TX	Reimbursement from political
	7 Purpose of expenditure (See instructions regarding type of information requ	ired.) contributions
	Phone/fax/internet - Jan-Mar	intended
Date	Payee name	Amount
3/11/03	Sprint	
	Payee address; City; State; Zip Code	\$01.60 or
	P.O. Box 21955 Kansas City, MO 64121	✓ Reimbursement ✓
	Purpose of expenditure (See instructions regarding type of information requ	ired.) from political contributions
	Cell Phone - Jan-Mar	intended P
Date	Payee name	Amount Z
2/14/03	The Catalyst Company	24 040 57
	Payee address; City; State; Zip Code	\$1,610.57
	1110 Branch Spring San Antonio, TX 78258	Reimbursement from political
	Purpose of expenditure (See instructions regarding type of information requ	ired.) contributions
	Design/Printing of Mailer	intended
Date	Payee name	Amount
2/12/03	Speedy Print	(\$)
	Payee address; City; State; Zip Code	\$1.08
	8838 Broadway San Antonio, TX 78217	
	Purpose of expenditure (See instructions regarding type of information requ	from political contributions
	Copies	intended
Date	Payee name	Amount
3/3/03	Exxon	(\$)
	Payee address; City; State; Zip Code	\$23.51
	14702 Blanco Road San Antonio, TX	Reimbursement
	Purpose of expenditure (See instructions regarding type of information requ	
	Gas	intended

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